



THE BIMONTHLY NEWSLETTER OF HCFA'S NATIONAL
MEDICARE MAMMOGRAPHY CAMPAIGN

Not Just Once

WELCOME!

Dear Partner in Mammography:

We would like to take this opportunity to thank all of those who attended the National Medicare Mammography Conference in New Orleans, Louisiana, August 2-4, 2000, co-sponsored by HCFA's National Medicare Mammography Campaign and the Breast Cancer Clinical Area Team and the Disadvantaged Populations Action Team. In all, the meeting brought together over 100 colleagues, representing 37 Peer Review Organizations (PROs) from as far away as Hawaii and as close as Louisiana, HCFA's Regional Mammography Coordinators, Central Office staff, our partners from the National Cancer Institute and CDC's National Breast and Cervical Cancer Program, as well as other partners assisting PROs in their state-based 6th Scope of Work breast cancer activities.

The meeting, titled ***Not Just Once But For A Lifetime: Increasing Mammography Rates for Medicare Women Through Partnerships that Work***, offered participants an opportunity to learn new and innovative tools to reach culturally diverse and yet to be reached populations, as well for reaching the provider community. The conference also provided participants multiple opportunities to learn tips for identifying potential partners, how to strength existing coalitions, as well as methods for evaluating the success of their mammography activities. Breakout sessions and working lunches allowed participants to share their experiences and projects with one another, as well as to discuss the material presented during the general sessions.

In this issue of ***Not Just Once*** we have shared some key lessons learned at this meeting. We will continue bringing you highlights from this meeting over the next several issues of the newsletter with the hope that this information is beneficial for you in your efforts to increase mammography rates among Medicare women. If you have question, comments, or would like additional information we encourage you to be in touch with Rachel Klugman at (312) 886-5352 in our Chicago Regional Office who will be glad to provide you with more details.

Sincerely,

Ta Budetti

Deputy Regional Administrator
HCFA, Region V, Chicago

Sandy Kappert

Director, Division of Health Promotion
HCFA's Center for Beneficiary Services

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SEPTEMBER—OCTOBER
2000



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THE NOT JUST ONCE NEWSROOM

Providing You With The Latest In Breast Cancer News

Most Women Unaware Of Mammography Downside

An overwhelming majority of women know a mammogram can produce a false-positive result, but only a small minority know it possibly can detect a non-progressive cancer, American researchers have found.

A survey of 479 women aged 18 to 97, and who did not report a history of breast cancer, were asked if they knew about false-positive readings, what they felt about them, and what they knew about ductal carcinoma *in situ* detected by mammography.

Overall, 63 per cent of the women thought a ratio of 500 false-positives per life saved was reasonable, and 37 per cent said they would go along with as many as 10,000 such false positives. A similar attitude was found among 76 of the women who themselves had had a false positive mammogram.

On the flip side, researchers found that only eight per cent of the women thought that mammography could harm a woman, such as detecting a non-progressive cancer, which could lead to unnecessary invasive treatment. Ninety-four per cent said they doubted such a possibility.

Many women became concerned once they were informed about non-progressive cancer. Younger women, in whom 90 percent of the cancers found by screening mammography are ductal carcinoma *in situ*, were the most interested. [Source: *British Medical Journal*, Bruce Yates 6/16/2000]

Most Older U.S. Women Report a Recent Mammogram

A total of 69% of American women ages 50 and older reported having a mammogram in the past two years, according to a report released Wednesday by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics. The report, "Health, United States: 2000," showed that in 1998, nearly seven out of 10 women ages 50 and older received mammography screening, compared to 61% in 1994. In 1987, only 27% of

women in that age group reported having a mammogram. And age-adjusted death rates from breast cancer for women dropped to 19 deaths per 100,000 in 1998, compared to 23 in 1990, the report said. Women at all income levels showed increases in mammography screening rates, but only slightly more than half, 53%, of women with family income below the federal poverty level reported having a mammogram within the prior two years. A total of 72% of women age 50 and older with incomes at or above the poverty level reported having a mammogram recently.

"Although we don't have data specifically corroborating (the reasons for increased screening rates), there have been a lot of things going on," Kate Prager, a National Center for Health Statistics demographer, told Reuters Health. In addition to enhanced attention in the media given to the importance of getting mammograms, Prager said expanded Medicare coverage for annual mammograms, CDC and National Cancer Institute programs, as well as grassroots efforts have been factors for higher mammography screening rates. Other findings in the report include: -- 29% of uninsured children had not visited a doctor within the previous 12 months, compared 10% of children with health insurance. -- 45% of uninsured adults had no usual source of health care, compared to 12% of insured adults. -- Children living in poverty were 50% more likely to visit the emergency room than children living in families with incomes higher than the poverty level. -- 62% of American adults consumed alcoholic beverages in 1998, with 16% reporting to be former drinkers and 22% lifetime abstainers. Women were twice as likely to abstain from alcohol than men, 29% versus 15%. -- and 25% of American adults smoked cigarettes, the same percentage as in 1990. [Source: Reuters Health, Chris Gearon, Washington]

Women Over Age 80 Less Likely to Receive Full Range of Treatments for Breast Cancer

Women over age 80 with early stage breast cancer frequently do not get a full range of treatments, even after considering their health and treatment preferences, according to a new study funded by the Agency for Healthcare Research and Qual-

ity (AHRQ). This study, conducted by the Lombardi Cancer Center, Georgetown University Medical Center, Washington, D.C., and researchers at 29 hospitals across the country, found that women 80 years and older were less likely to be referred to a radiation oncologist, and after breast conserving therapy, they were more than three times more likely not to receive radiation therapy. The risk of cancer recurrence approaches 40 percent within 10 years when radiation is not given after a lumpectomy, well within the life expectancy for most older women. The study also found that older black women seem to be less likely than older white women to receive radiation after lumpectomy. Researchers note that while the sample of black women was fairly small, this finding of differences in breast cancer treatment patterns by race is consistent with other research. Researchers point out that older women's preferences, such as maintaining body image, were consistently important in determining treatment. They also conclude that when patient-physician communication focuses on patient concerns, it helps overall in patient selection of therapies and satisfaction with treatment. Assessment of quality health care should take into account the interactions between the physician and patient in deciding which treatment to pursue. This is one of the first large studies of breast cancer treatment to focus on older women that includes a defined stage of the disease and detailed information about patient, clinical, physician, and other factors affecting treatment patterns. Future research is needed to determine the appropriate clinical approach to treating breast cancer in the very old, and to include the under-represented older population in future clinical trials. Details are in the August 1 Cancer journal article: "Patterns of Breast Carcinoma Treatment in Older Women: Patient Preference and Clinical and Physician Influences" by Jeanne S. Mandelblatt, M.D., M.P.H.; Jack Hadley, Ph.D.; Jon F. Kerner, Ph.D.; Kevin A. Schulman, M.D.; and others.

[Editor's Note: For more details, please contact <http://www.ahrq.gov/news/vnewsix.htm>]

Educational Events

SEPTEMBER

10th ANNIVERSARY OF THE ESTABLISHMENT OF THE OFFICE OF RESEARCH ON WOMEN'S HEALTH AT THE NATIONAL INSTITUTES OF HEALTH

September 10-12, 2000

Description: This 2-day celebration entitled "Celebrating a Decade of Progress in Women's Health Research: Embracing Challenges for the 21st Century" will feature major areas of conceptual advancement as well as future challenges for women's health research. A symposium on September 11th will highlight the progress and address the future of women's health research. Barbara Weber, MD, University of Pennsylvania, will present the keynote address, "Genetic Testing for Breast Cancer-Are We Ready?"

Location: National Institutes of Health, Bethesda, MD

Contact: Ann Besignano

Phone: (301) 468-6004 ext.452

URL: www4.od.nih.gov/orwh/

LYMPHEDEMA: SHARPENING THE FOCUS FOR THE NEW MILLENNIUM

September 14-17, 2000

Description: This conference welcomes physicians, therapists, scientists, patients, advocates and exhibitors from around the world. This year, we will share state-of-art findings on such topics as the lymphatics in cancer, the genetics of lymphedema, objective approaches to lymphedema prevention, angiogenesis and other molecular approaches, current trends in surgical interventions, and pain management, among many others. The goal of a combined conference for medical professionals and patients is to foster active working relationships and to establish new pathways for communication, awareness and education.

Location: Stanford University Omni Rosen Hotel
Orlando, Florida

Contact: National Lymphedema Network & 2000 NLN
Conference Secretariat

Phone: (415) 921-1306 or (800) 541-3259

Email: nlm@lymphnet.org URL: www.lymphnet.org

OCTOBER

ENHANCING OUTCOMES IN WOMEN'S HEALTH OCTOBER 4-6, 2001

Description: The American Psychological Association will convene the third interdisciplinary conference on women's health. The conference will be held at the Hyatt Regency

Washington on Capitol Hill in Washington, DC, on October 4-6, 2001, with Continuing Education Workshops held on October 3, 2001, and during the conference.

Location: Washington, DC

Contact: American Psychological Association, 750 First Street, NE Washington, DC 20002-4242. Tel: 202-336-6120. Fax: 202-312-6490. Email: wbaker@apa.org
Official Conference Website: <http://www.apa.org/pi/wpo/whc3/whc3.html>

NOVEMBER

THE AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING & EXPOSITION: ELIMINATING PUBLIC HEALTH DISPARITIES

November 12-16, 2000

Description: Annual convention and exhibition. This is an opportunity to reach the biggest audience of health professionals at the world's largest public health event.

Location: Hynes Convention Center in Boston, Massachusetts

Contact: Lynn Schoen at APHA Phone: (202) 777-2479

LOOKING AHEAD...

23RD ANNUAL SAN ANTONIO BREAST CANCER SYMPOSIUM

December 6-9, 2000

Description: This symposium is designed to provide state-of-art information on the experimental biology, etiology, prevention, diagnosis, and therapy of breast cancer and pre-malignant disease, to an international audience of academic and private physicians and researchers. Please call a program description and registration form.

Location: San Antonio Marriott Rivercenter, Texas

Contact: Phone: (507) 645-2705

Email: support@marathonmultimedia.com

11TH ANNUAL SOCIAL MARKETING IN PUBLIC HEALTH

June 20-23, 2000

Description: Now in its 11th year, the Social Marketing in Public Health conference is designed to provide public health professional and health educators with a working knowledge of social marketing at the practitioner level.

Location: Clearwater Beach, FL

Contact: University of South Florida College of Public Health Phone: (813) 974-7860

URL: www.hsc.usf.edu/publichealth/conted

Highlights from the National Medicare Mammography Conference Tennessee's Efforts to Increase Screening Rates

Presented by Anthony W. Culver, MS

Community Education/Medial Relations Coordinator, Mid-South Foundation for Medical Care, Inc.



This year in Tennessee, over 3,900 women will be diagnosed with breast cancer, an estimated 1,000 families will lose a woman the love, and many deaths could be prevented educating women about the importance of early detection. As part of their 6th Scope of Work activities, the Mid-South Foundation for Medical Care is partnering with existing and respected community groups to stimulate positive behaviors & change attitudes towards breast cancer. The social marketing messages developed to support the campaign have been designed to increase knowledge, clarify misconceptions, reduce fear, and change behavior about screening for both women and their influencers.

As part of their Mother's Day Bells for Remembrance campaign, the Tennessee PRO worked to involve faith communities, solicit TV and print media coverage, purchase Tennessee Radio Network coverage, and develop radio PSAs. Faith communities were asked to ring a bell, strike an organ key, light a candle, or use a moment of silence to emphasize the importance of breast cancer screening and remember those who have struggled with the disease. Because of time constraints, the PRO purchased a list of 5,000+ faith communities from a list broker. Invitation packets were mailed that included a teaser envelope, a cover letter, and a tri-fold brochure with postage paid reply card. Participants were then mailed lapel pins, fans, a resource guide, HCFA/NCI brochures, posters, and bookmarks, and fact sheets.



In all, 308 churches participated, spreading the word to over 75,000 people. Moreover, 69 of 95 counties from across the state were represented. Senior centers also participated. The PRO also conducted an audio news release to support the campaign that reached 70 Tennessee Radio Network (TRN) stations and 49 non-TRN stations for a total of 119 stations airing the spots. Other media interventions included interviews on local news networks, local Christian cable TV stations, and Christian radio stations.



The Tennessee PRO is currently conducting an impact evaluation of this activity, focusing on the number and percentage of age-appropriate women who obtained a screening mammogram, whether there was an increase in mammogram appointments directly following an intervention, and the percentage increase in mammogram appointments.

Lessons learned included starting earlier, involving ministerial associations and other interfaith groups, watching the design of the fax back form, and offering email or web registration. Additionally, Tony Culver recommended using all the information obtained from partners, soliciting local TV sponsors, and contacting faith-based publications and electronic media outlets for coverage. Also, be very specific about suggested activities and flexible, be ready for lots of phone calls, investigate using a Video News Release, and encourage more health care provider involvement. For more information on his recent presentation at the National Medicare Mammography Conference, be in touch with Anthony Culver directly at tnpro.aculver@sdps.org.

Highlights from the National Medicare Mammography Conference The North Carolina Comprehensive Breast and Cervical Cancer Control Coalition Partners with Wal-Mart Stores

Contributed by Randee Gordon, MPH

Senior Associate, Project Management, Medical Review of North Carolina, Inc.

As presented at the National Medicare Mammography Conference in New Orleans, the North Carolina Comprehensive Breast and Cervical Cancer Control Coalition continued its third year of partnership with Wal-Mart stores throughout the state of North Carolina during the month of August 2000. The campaign educates women about the importance of the early detection of breast and cervical cancers. This year's campaign included distribution of the HCFA/NCI Older Women bookmark titled, *"Mammograms...Not Just Once, But For A Lifetime,"* in all 92 Wal-Mart stores across the state of North Carolina. The bookmarks were distributed by the store pharmacy department.

In the 1998 and 1999 campaigns, volunteers staffed informational tables at Wal-Mart stores once a year (during October and August respectively). Information on breast cancer facts and Medicare's change in coverage for screening mammograms was provided. In 2000, expanded outreach is being done on a quarterly basis by the partners that comprise the coalition. For August 2000 the focus was older women, and the HCFA/NCI bookmarks were featured.

Lyda Taylor, Business Relations Manager for the Coalition, has spearheaded the development of the relationship with Wal-Mart. Medical Review of North Carolina, Inc. has been an active partner in these outreach efforts. If you would like additional information about these efforts, please contact Lyda via email at ltaylor@relay.org or Kerry Troxclair at ncpro.ktroxclair@sdps.org.

Highlights from the National Medicare Mammography Conference Physician Focused Interventions

Presented by Maureen Curry, BSHA

Project Coordinator, Qualidigm (Connecticut Peer Review Organization)

Connecticut's current mammography project focuses on a statewide multi-faceted approach to increase mammography screening for Medicare women 50 and older, including dually eligible women. As part of their provider interventions, Qualidigm sent an introductory letter to all Primary Care physicians in the state, signed by a physician champion along with mammography rates, and a provider tool kit was provided in collaboration with the American Cancer Society. This tool kit included provider resource materials (guidelines, preventative services flow chart, and a list of FDA approved mammography facilities), office materials (exam room posters provided by HCFA and the American Cancer Society (ACS), chart reminder stickers, and postcards), and beneficiary outreach materials (shower cards provided by ACS and Q and As developed by the PRO).

In addition, the PRO is promoting a recall system with the Connecticut Radiological Society. As part of this strategy, Qualidigm invited the President of the Society to join the Qualidigm Breast Health Collaborative. The PRO presented the recall system idea at the executive committee meeting of the Society to get buy-in for a survey of radiologists regarding the recall system that would be developed and analyzed by Qualidigm and distributed by the Society. Once buy-in was obtained, a survey and intro letter were sent to radiologists, along with a follow-up postcard and reminder letter. The PRO is currently working to analyze this survey, which will be presented at the annual Connecticut Radiological Society in Fall. Not Just Once will keep you up to date on progress. In the meantime, please be in touch with Maureen Curry for more information at (860) 632-6335.

HCFA's Regional Mammography Coordinators

HCFA's Regional Mammography Coordinators are a wonderful resource for PRO's conducting Six Scope of Work activities or other partners working on breast cancer projects geared to older women. We encourage you to make contact with our coordinators, listed below and learn more about how we can be of assistance to you.

Helen Mulligan and
Ann Dowling-Green
HCFA Region I
John F. Kennedy Bldg, #2275
Boston, MA 02203
(617) 565-1296
hmulligan@hcfa.gov or
adowlinggreen@hcfa.gov

Diane Tully
HCFA Region II
26 Federal Plaza, Room 3811
New York, NY 10278
(212) 264-7458
dtully@hcfa.gov

Pat Lowry
HCFA Region III
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San Francisco, CA 94105
(415) 744-3613
sborderlon@hcfa.gov

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Seattle, WA 98121-2500
(206) 615-2368
mmedley@hcfa.gov



Michigan Peer Review Organization

The Michigan Peer Review Organization (MPRO) is working with health care providers, Medicare beneficiaries, and partners throughout the state to focus on increasing breast cancer screening. Based on Medicare Part A and B claims data, in 1997 only 41% of female Michigan Medicare beneficiaries age 50 to 67 years (not enrolled in an HMO) had a mammogram. MPRO's Prevention 2000 project, Improving Preventive Care in the Ambulatory Care Setting, is an integrated statewide project. The Prevention 2000 Project addresses breast cancer screening as one of the areas of focus, as well as influenza and pneumococcal pneumonia immunizations and preventive screening for diabetes complications. MPRO is committed to working collaboratively with health care providers and partners to encourage all women to have an annual screening mammogram and to increase screening and prevention services in the ambulatory care setting.

MPRO has identified three main objectives for this statewide project: to work collaboratively with primary care physicians and office staff to identify and implement office process improvements to increase the assessment and referral of women for mammography and to increase screening and prevention services; to provide patient education and community outreach; and to collaborate with partners, including statewide and local organizations.

MPRO is collaborating with primary care physicians in the ambulatory setting. Participating clinics and practices will receive baseline and follow-up data on their rates of evidence-based quality of care indicators. MPRO staff is available to assist collaborators with assessing current processes and implementation of quality improvement office processes and will provide training for physician office staff in Continuous Quality Improvement methods. In addition, participating clinics, practices, and physicians will become members of the Consortium for Quality Care in Ambulatory Settings. The consortium's function will be to highlight outpatient improvement activities and to share successful practices among members through newsletters, website information, and news releases.

In spring 2000, a new partnership was developed between MPRO and the Medicare and Medicaid Assistance Program (MMAP). MMAP is a statewide program consisting of 60 coordinators and 500 volunteers. The MMAP coordinators and volunteers work with seniors to assist with Medicare and Medicaid insurance issues. MMAP volunteers meet with seniors face to face, at health fairs, and in senior centers. It is important for seniors to know about the recommended health screenings and the available Medicare coverage for these services. MPRO has developed a process for MMAP volunteers to order free adult preventive health educational materials. The free materials include the Senior Health Record Diary and the HCFA brochure: Medicare Preventive Services.

The Senior Health Record Diary lists recommended health screenings and provides a place to document personal health information. The Medicare Preventive Services brochure includes recommended health screenings and specific Medicare coverage for each type of screening, including mammogram for breast cancer screening. Brochures, bookmarks, and posters on mammography and brochures are also available at no cost.

MMAP volunteers are trusted in the community. By providing educational materials and informing seniors about recommended health screenings, MMAP coordinators and volunteers are making an important contribution. Through collaboration with health care providers and partners, MPRO is committed to informing women about the importance of getting an annual mammogram and encouraging women to have an annual mammogram.

For more information on this intervention and MPRO's other activities, please contact Marie Beisel, RN, MSN, the project manager at (734) 454-7220.

PRESIDENT CLINTON TAKES NEW ACTION TO ENCOURAGE PARTICIPATION IN CLINICAL TRIALS

Medicare Will Reimburse For All Routine Patient Care Costs For Those in Clinical Trials

On June 7, 2000, President Clinton issued an Executive Memorandum directing the Medicare program to revise its payment policy and immediately begin to explicitly reimburse providers for the cost of routine patient care associated with participation in clinical trials, and to take additional action to promote the participation of Medicare beneficiaries in clinical trials for all diseases. These actions, strongly advocated by the Vice President and initiated through his leadership, follow a recent Institute of Medicine report recommending policy changes to encourage greater use of clinical trials by older Americans and the completion of a review of Administration policy. With the fast pace of medical advancement and continuing efforts to make evidence based medical decisions, clinical trials serve as the first step towards providing new clinical innovations to the forefront of medical practice.

ACTION IS NECESSARY TO INCREASE THE PARTICIPATION OF SENIORS IN CLINICAL TRIALS:

- **Too few seniors participate in clinical trials.** About one percent of seniors participate in clinical trials, despite the fact that the elderly bear the majority of the disease burden experienced nationally. For example, 63 percent of cancer patients are older than 65, but they constitute only 33 percent of those enrolled in clinical trials. The disparity is greater for breast cancer patients – elderly women make up 44 percent of breast cancer patients, but only 1.6 percent of women over the age of 65 are in clinical trials for the disease. Scientists believe that higher participation in clinical trials could lead to faster development of therapies, as it often takes between three and five years to enroll enough participants in a clinical trial to make the results scientifically valid and statistically meaningful.
- **Current Medicare reimbursement policies often discourage seniors from participating in clinical trials.** Because clinical trial investigators cannot guarantee that Medicare will pay for the care associated with participation in their clinical trial, seniors considering whether to enter these trials must assume that they may be responsible for costs simply because they are participating in a clinical trial. In addition, investigators and research centers are often reluctant to recruit them because of the uncertainty of Medicare reimbursement.
- **Increased participation is likely to have significant rewards.** Striking progress made in treating and curing pediatric cancers was largely possible because of widespread participation in clinical trials. For decades now, well over 50 percent of pediatric cancer patients were enrolled in clinical trials, and today, 75 percent of cancers in children are curable. Experts believe that coverage of all clinical trials – not just those for cancer – is critically important to ensuring new breakthroughs in diagnostics, treatments, and cures for many of the most devastating diseases afflicting millions of Americans of all ages.

PRESIDENT CLINTON DIRECTS HHS TO TAKE NEW ACTION TO ENCOURAGE PARTICIPATION IN CLINICAL TRIALS:

- **Medicare program guidance will be revised to explicitly authorize payment for routine patient care costs associated with clinical trials.** This week, the Health Care Financing Administration (HCFA) will inform all claims processing contractors that Medicare will immediately begin to reimburse for the routine patient care costs and costs due to medical complications associated with participation in a

clinical trial and remove this barrier to participation.

- **Launch activities to increase beneficiary awareness of the new coverage option.** HHS will launch an effort to educate beneficiaries and providers about this policy change, including adding information on clinical trial coverage to the Medicare handbook and posting information on their website.
- **Establish a tracking system for Medicare payments.** Before the end of the fiscal year, HCFA will implement a system to track spending in trials for which Medicare contributes financial support.
- **Ensure that the information gained from important clinical trials is used to inform coverage decisions.** Beginning this summer, HCFA and the National Institutes of Health (NIH) will work with researchers prior to the beginning of a clinical trial in order to structure the trial to produce information necessary to inform subsequent Medicare coverage decisions when the therapies or devices under review have significant implications for the Medicare program.
- **Review the feasibility and advisability of taking additional action to promote research on issues of importance to the Medicare population within 90 days.** HHS will review the feasibility and advisability of:
 - The Institute of Medicine's recommendation that HCFA support certain clinical trials that are of particular importance to the Medicare population. Certain health care interventions are unique to the Medicare population and clinical trials on these issues could lead to more effective or less costly treatments. HHS will review the feasibility and advisability of providing additional financial support for monitoring and evaluation, device implantation, and other non-covered costs for trials of importance to Medicare beneficiaries.
 - Taking action to increase the participation of seniors in clinical trials. NIH will evaluate the feasibility and advisability of taking additional action to increase the participation of seniors in clinical trials to ensure that researchers can determine the best therapies for older as well as younger patients.
 - Developing a registry of ongoing clinical trials receiving Medicare reimbursement. In addition, HHS will review the feasibility and advisability of using the information contained in current NIH and FDA clinical trial registries to develop a national registry of all clinical trials receiving Medicare reimbursement. This new registry would provide a comprehensive picture of the types of trials ongoing, the participation rates, and how patients can access the trials, in addition to facilitating HCFA's ongoing review and oversight activities to ensure that only covered services are billed and reimbursed.

[Source: Office of Media and Public Communications, National Cancer Institute, Bethesda]



HCFA/NCI Mammography Materials Order Form

National Cancer Institute/Health Care Financing Administration Mammography Education and Promotion Materials



ORDER FORM

Name:

Title:

Organization:

Address:

City:

State:

Zip Code:

Phone:

Title & Contents Description	Language	Publication Number	Size	Quantity
Mammograms... Not Just Once, But For A Lifetime Large-print, easy to read brochure that defines mammography, describes who needs this important examination, and Medicare information. (maximum order 5000)	English	H496	8½ x 11	
Spanish Version — (See above. maximum order 5000)	Spanish	H497	8½ x 11	
Older Woman Poster Includes slogan with Medicare information. A poster featuring an older woman, available for display in health care settings (minimum order: 20, maximum 5000)	English	G500	11 x 17	
Spanish Version (See above minimum order: 20, maximum 5000)	Spanish	G501	11 x 17	
Older Woman Bookmark Includes slogan with Medicare information. Bookmark features an older woman with facts in breast cancer, mammography, and Medicare coverage. (maximum order 5000)	English	Z498	2 x 8	
Spanish Version — See above (maximum order 5000)	Spanish	Z499	2 x 8	
Pap Tests: A healthy habit for life Large-print, easy-to-read brochure that defines Pap tests, describes who needs this screening test, and includes Medicare information. (maximum order 5000)	English	H345	8½ x 11	
Ad Slicks Camera-ready ads in a variety of sizes featuring older women. Includes slogan with Medicare information.	English	C135		
Knowledge & Behavior of Women Ages 65 and Older On Mammography Screening & Medicare: 25-page bound report with findings from a telephone survey conducted in Spring of 1999. (Limited quantities available. On-line version will be available on the NCI website http://www.nci.nih.gov)	English	T162		
Breast and Cervical Cancer Programs in Your Community: A Guide for Outreach, Screening, and Follow-up Care: Addresses program planning; establishing partnerships; outreach and education; coordination of screening, diagnostic, and treatment services; payment and health care delivery systems and more.	English	T408		
Spread the Word About Mammograms and the Pap Test: An Educational Resource for Health Care Professionals: These flip charts illustrate the key concepts that help women understand the importance of early cancer detection. The presentations are for medically underserved women and are meant for small groups—no larger than 10.	English	G444		
	Spanish	G445		

Fax order form to National Cancer Institute: (301) 330-7968

HCFA Surpasses its NPR Mammography Performance Goal

Submitted by Harriet Robinson, Health Insurance Specialist
Performance Measurement Team, Office of Financial Management

HCFA SURPASSES ITS MAMMOGRAPHY PERFORMANCE TARGET UNDER THE NATIONAL PARTNERSHIP FOR REINVENTING GOVERNMENT (NPR) INITIATIVE

According to results from the 1998 National Health Interview Survey (NHIS) released this summer, 63.8% of women age 65 and older reported receiving a mammogram within the previous two years. HCFA's NPR mammography goal is to increase the biannual mammography rate in women age 65 and older to 60% by the year 2000 starting from a 1994 baseline of 55%, and was modeled after the national Healthy People 2000 goal.

The HCFA mammography goal is spearheaded by Ta Budetti, Deputy Administrator of HCFA's Chicago Regional Office. Ms. Budetti is the lead for HCFA's National Medicare Mammography Campaign, designed to increase awareness about Medicare's mammography benefit among Medicare women age 65 and older. By partnering with the Peer Review Organizations (PRO), the National Cancer Institute, the Centers for Disease Control and Prevention and other public and private entities throughout the country, HCFA has demonstrated success in its message that Medicare women need to have regular mammograms to detect breast cancer and get early treatment.

"While we're pleased that we've achieve our goal, there's still much work to be done," said Ms. Budetti, "We continue to focus our outreach to those diverse communities where women are not as likely to avail themselves of this lifesaving benefit, and to overcome barriers that prevent women from getting mammograms."

NPR is a Clinton-Gore initiative designed to improve how the Federal Government does business and to provide better service to the American public. HCFA -- the Federal Agency that administers Medicare, Medicaid and the State Child Health Insurance programs -- is one of 32 Federal High Impact Agencies (HIA) under NPR that has significant public impact. As a NPR-HIA, HCFA committed to specific health promotion goals intended to improve the well being and survival of its beneficiaries -- including increasing mammography among Medicare beneficiaries. More information about HCFA's NPR performance measures can be viewed at <http://www.hcfa.gov/facts/npr.htm>.

Increasing mammography rates for women is also an Agency-wide priority for HCFA under the Government Performance and Results Act, and is part of the current 6th Scope of Work activities for the PROs.